| Use this form to: Register to vot Please print. Complete entire for | | | | _ | | | |
|--|------------------|-------------------------|----------------------------------|--------------------------|-----------------------------------|--------------------|--|
| Are you a citizen of the United States of America? | □ Yes □ | No | | | | | |
| Will you be 18 years of age on or before election day? If you checked 'no' in response to either of these question | ☐ Yes | ☐ No mplete this for | m. | | | | |
| Last | First | Middle | | | Circle one: Jr Sr II III IV | | |
| Residence Address | Apt or Lot # | City/Town | | | State | Zip | |
| Mailing Address (if different) | <u> </u> | City/Town | | State | Zip | | |
| If residence address is a post office box, rural box, or ge | neral delivery | /, you must giv | ve the loca | tion of your | residen | ce: | |
| Print previous name, if changed: | | | | | | | |
| Driver's License Number (if you do not have a valid driver's license, you must give the last four numbers of your social security number): | | | State of driver's license issue: | | | | |
| | | | Birth Date: Phone | | Phone | Number: | |
| Please register me as a member of the | | Party. | | | | | |
| I declare, under penalty of perjury (5 years imprisonment | t and \$5,000 | fine), that: | | | | | |
| * I am a citizen of the United States; | | | | | | | |
| * I maintain my home at the above address; | | | | | | | |
| * I will be 18 on or before the next election; | | | | | | | |
| * I have not been judged mentally incompetent; | | | | | | | |
| * I am not currently serving a sentence for a felony convi | ction which ir | ncluded impris | onment, se | erved or sus | spended | , in an adult | |
| penitentiary system. | | | | | | | |
| * I authorize cancellation of my current registration as inc | dicated below | <i>/</i> . | | | | | |
| | | | | | | | |
| Dated/_/ For county auditor's office use only: | Voter Signature: | | | | | | |
| Tor county additor's office use only. | | | | | | | |
| Ward Precinct Water | Leg | Comm | | Township | School | other | |
| Voter Regi | stration C | Cancellatio | n | | | | |
| I wish to be registered as shown above. I was will be cancelled: | last registe | red with the | following | g name ar | nd addi | ress which | |
| Last | First | | | Middle | | Circle one: | |
| | 1 1100 | | | | | Jr Sr II III IV | |
| Previous Address | | City/Town | | | State | Zip | |
| County: | E | | | Driver's license number: | | | |
| | | | | | | | |
| Dated / / | Voter Signs | oter Signature: | | | | | |

Voter Registration Application for _____

County

The deadline for registration is 15 days before any election. Your form must be received by the auditor by this deadline if you are to vote in the next election.